

RECOVERY & WELLNESS 5K

2019 5K Registration Form



COMMUNITY & FAMILY
RESOURCES
Inspiring prevention, treatment and recovery

Event Date: Saturday, September 7, 2019

Location: Ada Hayden Heritage Park (5205 Grand Avenue, Ames IA)

Time: Check-in between 8:00-8:45 AM; Event begins at 9:00 AM

Last Name _____		First Name _____		MI _____
Mailing Address _____				Gender (circle one): Male Female
City _____	State _____	Zip Code _____	Phone Number _____ - _____ - _____	
Email: _____		Age on 9/7/19: _____	How did you hear about this 5K? _____	
T-shirt Size (circle one):		<u>ADULT SIZES:</u> S M L XL XXL XXXL		<u>YOUTH SIZES:</u> S M L XL

The Recovery & Wellness 5K entry fee is **\$10.00**. All participants will receive a t-shirt, plus snacks and activities following the race. Pre-registrations are due August 26, 2019. Late or same-day registration is allowed, but t-shirts may not be *immediately* available. Participants **MUST** be at **check-in before 8:45 AM** on **September 7, 2019**.

My employer is a *Platinum Sponsor* (Entry Fee Waived): Employer Name _____

Credit Card (*complete below*) Cash Check (payable to: Community and Family Resources)

Name on Credit Card _____		Credit Card Billing Zip Code _____	
Card Number _____	CVV2/Card Code _____	Expiration Date: Month _____ Year _____	
Date _____	Signature _____		

RELEASE AND WAIVER

The undersigned does hereby represent that they are physically capable of participating in a walk/run event without causing injury to themselves or others and does hereby release and waive any claim for injury, damages, death or any other foreseen or unforeseen consequence as a result of participation in the walk/run event and specifically releases and waives said claims against any and all sponsors of said event including but not limited to Community & Family Resources and the City of Ames, Iowa. The undersigned further represents that he/she is fully competent to sign this waiver and is of legal age. **In the event the undersigned is a minor, the minor's parent or guardian has signed** and agreed to be bound by all of the terms of the release/waiver. The undersigned and/or parent/guardian agree that they will never make or bring any claim for damages or injury arising out of the participation in said walk/run and fully assume any and all risk associated with participation in the walk/run event. The undersigned understands that the Recovery & Wellness 5K is a public event with no expectation of privacy, and therefore, their photograph may be taken during the event and shared for event promotion activities. This release and waiver is binding on all heirs and/or beneficiaries and may not be voided under any circumstances.

Signature X _____ **Date** _____

For more information, visit www.cfrhelps.org, call 515-232-3206, or email sallyc@cfrhelps.org

Submit form and payment to:

Community & Family Resources
1619 South High Avenue - Ames, Iowa 50010

-OR-

Register Online at:

getmeregistered.com/WalkforWellness